

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 153  
Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Sila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Winkelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurelia Verdugo  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth May 17 1926  
Month Day Year

8. FATHER  
Full name Manuel Verdugo  
9. Residence (Usual place of abode) Winkelman  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Yuma  
(State or country) Ariz

13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Aurelia Verdugo  
15. Residence (Usual place of abode) Winkelman  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Yuma  
(State or country) Ariz

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive ~~or~~ stillborn.) at 5 P. m. on the date above stated

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles R. Hunsberr

(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Filed June 9 1926 P. G. Hutton  
Registrar

156-517-156